

XIII. SUMMARY OF SAFETY AND EFFECTIVENESS

 Allegiance

K022765

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS NITRILE POWDER-FREE EXAMINATION GLOVES

Applicant/Sponsor: Allegiance Healthcare Corporation
1500 Waukegan Road
McGaw Park, IL 60085

Regulatory Affairs Contact: Erica Sethi
Allegiance Healthcare Corporation
1500 Waukegan Road, Bldg. WM
McGaw Park, IL 60085

Telephone: (847) 785-3337

Date Summary Prepared: August 9, 2002

Product Trade Name: Undetermined

Common Name: Examination Glove

Classification: Patient Examination Glove

Predicate Devices: Flexam Nitrile T Ambi Examination Gloves, Allegiance Healthcare Corp.

Description: Nitrile Powder-Free Examination Gloves are formulated using nitrile and offered powder-free.

Intended Use: These examination gloves are disposable devices intended for medical purposes that are worn on the examiner's hands or fingers to prevent contamination between patient and examiner. In addition, these gloves are worn to protect the wearer against exposure to chemotherapy drugs.

Substantial Equivalence: Nitrile Powder-Free Examination Gloves are substantially equivalent to Allegiance Healthcare's Flexam Nitrile T Ambi Examination Gloves in that they provide the following characteristics:

- same intended use
- same sizes
- both made of nitrile
- both offered beaded and powder-free
- both worn to protect the wearer against exposure to chemotherapy drugs

Summary of Testing:

<u>Test</u>	<u>Result</u>
Primary Skin Irritation	Gloves show no irritation.
Guinea Pig Maximization	Gloves do not display any potential for irritation.
Tensile Strength	Gloves meet or exceed requirements per ASTM D6319-00a.
Barrier Defects	Gloves meet or exceed requirements per 21 CFR§800.20 and ASTM D6319-00a.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 11 2002

Ms. Erica Sethi
Quality & Regulatory Affairs
Allegiance Healthcare Corporation
1500 Waukegan Road
McGraw Park, Illinois 60085

Re: K022765

Trade/Device Name: Powder-Free Blue Nitrile Examination Gloves with
Tested For Use with Chemotherapy Drugs Labeling Claim

Regulation Number: 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I

Product Code: 80 LZA

Dated: September 4, 2002

Received: September 6, 2002

Dear Ms. Sethi:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Timothy A. Ulatowski
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

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Applicant: Allegiance Healthcare Corporation

510(k) Number: K022765

Device Name: Undetermined Powder-Free Blue Nitrile Examination
Glove, with Tested for use with CHEMOTHERAPY DRUGS LABELING CLAIM

Indications For Use: A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner. In addition, these gloves are worn to protect the wearer against exposure to chemotherapy drugs.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use _____
(Per 21 CFR 801.109) or

Over-The Counter Use _____

Chin S. Lin
(Division Sign-Off)
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

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